

<b>Case Number:</b>	CM14-0003339		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	08/13/2009
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48-year-old employee of [REDACTED] with an 8/13/09 date of injury. The patient injured his back while lifting a bucket weighing approximately 50 pounds. The patient was evaluated immediately following the injury, including x-rays of the cervical, thoracic, and lumbar spine. The patient continues to present with cervical and lower back pain. The patient reports anxiety and insomnia. There are also noted sleep pattern disturbances. Physical exam demonstrates moderate tenderness over the mid to lower cervical spine, moderate discomfort with head turning and flexion and extension of the neck. There are cervical spasms; Spurling's maneuver is positive. A 6/10/13 cervical MRI demonstrates at C5-6 and C6-7 moderate disk desiccation with central disk bulges central and foraminal stenosis. A 5/2/13 progress report indicates increased low back and neck pain as well as radicular symptoms in the upper and lower extremity. The patient is pending an MRI of the neck and low back. Physical exam demonstrates cervical spasm, and decreased sensation in the bilateral C6, C7 dermatomes. Treatment to date has included chiropractic care, physical therapy, medication, and activity modification. There is documentation of her previous 12/26/13 adverse determination.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**X-RAYS CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-180.

**Decision rationale:** ACOEM Guidelines supports the ordering of imaging studies for patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure.. However, the patient has previously had both cervical X-rays and cervical MRIs. The patient's neurologic deficits are consistent with pathology identified on a 6/10/13 cervical MRI. Absent interval trauma, the utility of repeat cervical plain films is questionable. It is unclear whether the previous cervical plain films were available to the requesting provider. Therefore, the request is not medically necessary and appropriate.